



Medical Marijuana Program Fingerprint Verification Form

This form is to be *completed by the fingerprint technician* taking your fingerprints to submit as part of the Arizona Medical Marijuana Dispensary Agent, Designated Caregiver, or Minor Caregiver (Custodial Parent/Legal Guardian) application.

Attention Fingerprint Technician

Please follow the instructions below for fingerprinting this applicant:

1. Please fill out or ensure that the applicant has filled out all of the required boxes on the fingerprint cards prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint cards.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken:
 - Place the **fingerprint cards and this form into the envelope** and seal it.
 - Please **sign your name across the edge of the seal**.
 - Return the sealed envelope to the applicant.

***Do not give the applicant the fingerprint card without first sealing it inside the envelope and signing across the edge of the seal.**

PRINT the following information, and SIGN your name:

Date	First and Last Name of Applicant
Type of Photo ID provided (check one) ____ Driver's License/MVD Issued State ID # _____ ____ Passport # _____ ____ Other (please specify) _____	
Fingerprint Technician Signature: _____	
Fingerprint Technician Name (Printed): _____	
Fingerprint Technician Agency/Company Name and Title: _____	